A stroke can be devastating for someone who was previously alert and active. The effects of a stroke can range from mild to debilitating, with most sufferers falling somewhere in the middle. But any stroke victim will need some amount of time in rehab. Those with the worst fallout often need intensive rehabilitation efforts, and today there are many new and innovative methods to help stroke victims regain faculties and get back to themselves. Neurologists care for patients in the immediate aftermath of stroke, and physiatrists and therapists come in later for rehabilitation.

Special therapy methods that are based on an uniform and repetitive movement training play an important role in stroke rehabilitation. The frequent repetitions can stimulate the brain’s ability to reorganize itself. Consequently, healthy brain areas are able to acquire the functions of the affected areas. The controlled, smooth motion of this kind of repetitive movement training. Stroke patients can train with the passive movement therapy device from a chair or wheelchair with or without motor-assistance or in passive mode.

Some of the innovations in stroke rehab are simply the windows of time for rehab. Research indicates that although the main rehab is done within the first thirty days after the stroke, rehab efforts can continue at lower levels for longer amounts of time. So even if a stroke victim goes through intensive therapy for several months before being discharged from a rehabilitation center, the efforts should continue for months or even years after. Though improvement will be slower, it will be discernible. Continuous physical, occupational and speech therapy, in addition to whatever else the rehab team recommends, can make further inroads in the patient’s recovery long term.

The movement therapy can help stroke patients to relearn lost movement patterns. Hand- and arm functions and the walking ability can be improved. The leg- and/or arm training can reduce spasticity, improve strength and endurance, positively influence bowel activity and assist coordination.

Editorial on Current Innovations Stroke Rehabilitation

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